

## VERIFICATION SELECTION WORKSHEET

*For each household/student selected, this worksheet (or an equivalent form) must be completed and kept on file for audit purposes. Verification must be completed no later than **November 15<sup>th</sup>** of each year.*

Student/Household Application Selected: \_\_\_\_\_  
Name of all district students in household: \_\_\_\_\_  
\_\_\_\_\_

Date Selected: \_\_\_\_\_

Prior to the household (HH) notification, a **confirmation review** must be conducted by someone other than the initial determining official. (Note: All selected applications for verification must have a confirmation review done BEFORE the household is notified to ensure that the original determination was made correctly. This must be documented.) List the name of the person conducting the confirmation review and the date it was completed.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Selection Method:** ☐ Standard Sample Size ☐ Alternate One ☐ Alternate Two

Response Due: \_\_\_\_\_

Second Notice Sent: \_\_\_\_\_ (**Note:** You must contact the HH at least once if they have failed to respond.)

Date Reduction/Termination Notice Sent: \_\_\_\_\_

Date the cafeteria notified of the change: \_\_\_\_\_

### SNAP/TFA Household

#### Confirmed:

☐ SNAP/TFA Office

☐ Notice of Eligibility

☐ Other: \_\_\_\_\_

#### Not Confirmed:

☐ Eligibility not Confirmed

### Income Household

Monthly Income: \$ \_\_\_\_\_

#### HH submitted:

☐ Wage Stubs

☐ Written Documents

☐ Collateral Contacts

☐ Agency Records

☐ Other: \_\_\_\_\_

### Verification Results:

☐ No Change and remained: ☐ Free ☐ Reduced

☐ Change occurred: ☐ Reduced to Free ☐ Free to Reduced ☐ Ineligible

Reason for Change: ☐ High Income ☐ No Response ☐ SNAP/TFA Eligibility Not Confirmed  
☐ Foster Child Eligibility Not Confirmed

☐ Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Verifying Official

\_\_\_\_\_  
Date